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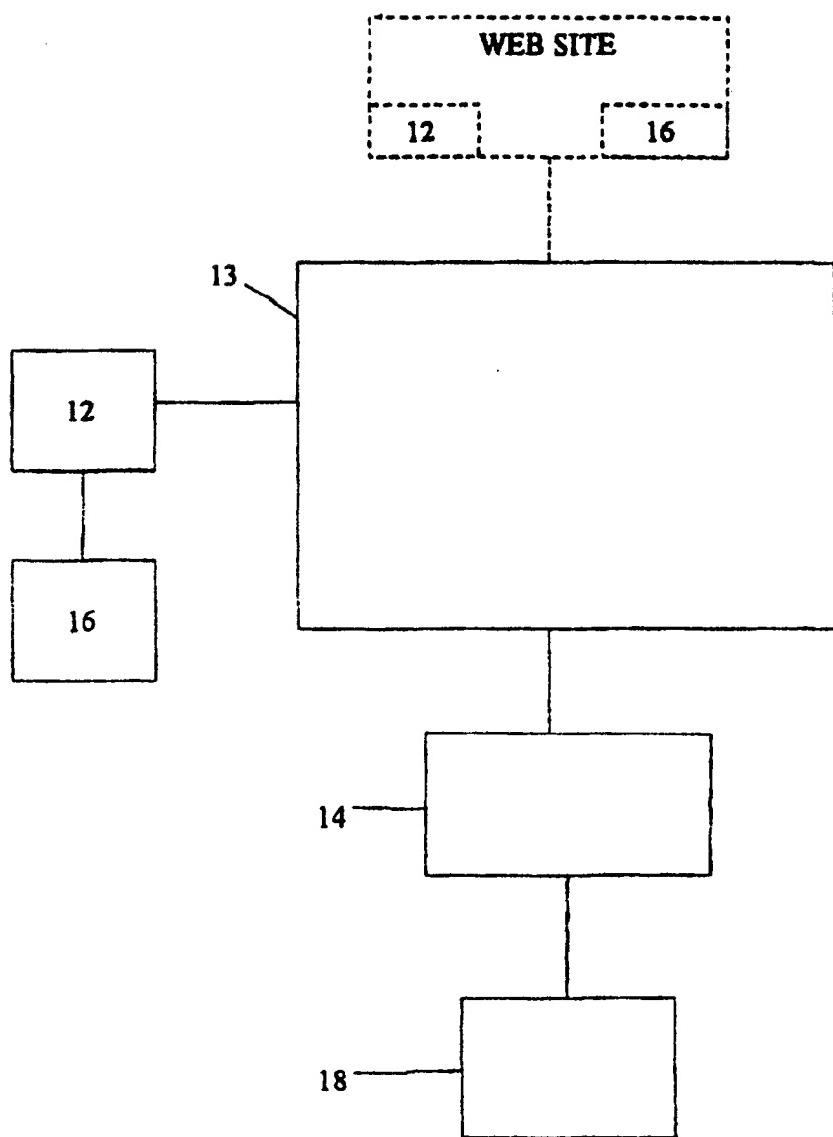


FIG. 1

This LifeReport For:

John Smith-20

100 Sunnymead Rd.

Somerville, NJ 08876

Work:

Insured By: Medicare A&B
ID#: 100-10-1000 Group #:

READ IN EMERGENCY

Last Report Date: 11/10/99

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READ IN EMERGENCY

Allergies 35g

QUINIGLUTETE: swelling of feet & hands.
dizziness & joint pain. 12/98
PROCANAMIDE SR & PROCANIBU
1000mg BID; swelling of feet &
hands, dizziness & joint pain. 10/09/98
SINUMET: dizzy, faint. LOW BP; sweaty,
nausea. 7/22/98. Decreased to 1/2 pill.
Now back to 1/3x's

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Allergies 35g

Height: 5'8"
Weight: 162 Normal Blood Pressure: 140/80
☐ Tetanus Shot: ☐ Pneumonia Shot: 10/99

☒ Living Will ☐ Organ Donor ☐ DNR Location: Daughter, Stephanie has.

Medicare A&B

ID#: 100-10-1000 Group #:

Secondary: United Health ID#: 100-10-1000 Group #:

Group #: 5170H0 29

Born: 8/30/00 Age: 75 SSN: 100-10-1000 Blood Type: A+

Height: 5'8" Weight: 162 Normal Blood Pressure: 140/80
☒ Flu Shot: 10/99

Schedule of Medications (including Non-Prescription & Supplements)

		Morning Before Breakfast	Morning After Breakfast	Afternoon 2:00	Evening 8:00	Bedtime 10:00
26a	☐ Pepcid	27 (20 mg) 28 Dr. Mahal	empty stomach	○	○	○
26b	☐ Capoten	(25 mg) Dr. Mahal	○	○	○	○
26c	☐ Sinemet CR	(50/200) Dr. Friedlander from 12 in 1 pill box	○	○	○	○
26d	☐ Amantadine	(100 mg) Dr. Friedlander w/1/2 pill in pill box	○	○	○	○
26e	☐ Magoxide	(Vitamin) Dr. Neiman	○	○	○	○
26f	☐ Baby Aspirin	(81 mg) Dr. Mahal	○	○	○	○
26g	☐ Lamoxin	(0.25 mg) Dr. Mahal	○	○	○	○
26h	☐ ABC Plus Senior	(Vitamin) Dr. Neiman	○	○	○	○
26i	☐ Laxix (Furosemide)	(20 mg) Dr. Mahal/ with juice	○	○	○	○
26j	☐ Coumadin	(5 mg) Dr. Mahal	○	○	○	○
26k	☐ Patch Transderm Nitro	(0.2 mg/hr) Dr. Mahal Apply 9 AM Remove 9 PM	○	○	○	○

Current Medical Conditions 35h

DIABETES: 10/99
HEART DISEASE: Wears DEFIBRILLA-
TOR. 2/3/98
HERNIA: where esophagus did not heal.
10/97
ANEURYSM: on heart wall. Dr. Mahal.
8/12/96
PARKINSONS: diagnosed by Dr. Green-
berg, Somerville. Took Sinemet &
Artane 3/1/93.

Surgeries & Procedures 35i

DEFIBRILATOR IMPLANT: AKD. Dr.
Pronberger, RWJ. Had congestive heart
failure. 2/3/98
ESOPHAGUS CANCER: Dr. Diehl,
Morristown. Partial removal. Cured.
9/1/96
ANGIOPLASTY & STENT: Dr. Mahal
Morristown. Aneurysm on heart wall.
8/12/96
ANGIOPLASTY: Dr. Ganz, Newark Beth
Israel. 10/18/99

Past Medical Conditions 35j

DEHYDRATION: lowered Lasik. 8/7/98
DEPRESSION: 10 mg. Paxil from approx.
298 to 898
HEART ATTACK: 10/98

Stephanie Ward	Daughter	Companion	908-555-8592
Work: 908-559-1514	Cell Phone:		
Peter M. Hinatuk	Son		
Work:	Cell Phone:		
Marge Jurkowski	Companion		
Work:	Cell Phone:		

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NO. 111: Please check that your LifeReport contains all
your medical information and that it is correct. Review with
your physician or health care provider. If there is a problem
with the software, please contact us toll-free at 877-354-
3373 or visit our website: www.lifereport.com.

Medications PRN "When Needed"

Nitrostat	(0.4 mg tab) Dr. Mahal
Tylenol	

Physicians

Phone	Name	Specialty/Group	Fax	City/State
908-555-41632	Family Doctor		908-281-5848	Somerville, NJ
908-555-8668	Orthopedic		908-231-8761	Bridgewater, NJ
732-555-7208	Otolaryngologist RWJ			New Brunswick, NJ
732-555-7716	Private Jinn			East Brunswick, NJ
732-555-1310	Neurologist			Morristown, NJ
973-555-6400	Orthopedic		973-267-7295	Morristown, NJ
973-555-1850	Ears, Nose, Throat			

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In Case of Emergency... Call:
Stephanie Ward
Work: 908-559-1514
Peter M. Hinatuk
Work: 908-555-6358

In Case of Emergency... Call:

Stephanie Ward	Daughter	Companion	908-555-8592
Work: 908-559-1514	Cell Phone:		
Peter M. Hinatuk	Son		
Work:	Cell Phone:		
Marge Jurkowski	Companion		
Work:	Cell Phone:		

Physicians

Dr. Deborah Neiman	908-555-41632	Family Doctor	908-555-8592
Dr. Sharan S. Mahal	908-555-8668	Orthopedic	
Dr. Mark Prentiss	732-555-7208	Otolaryngologist RWJ	
Dr. Mark Prentiss	732-555-7716	Private Jinn	
Dr. Friedlander	732-555-1310	Neurologist	
Dr. William Diehl	973-555-6400	Orthopedic	973-267-7295
Dr. Fleming	973-555-1850	Ears, Nose, Throat	

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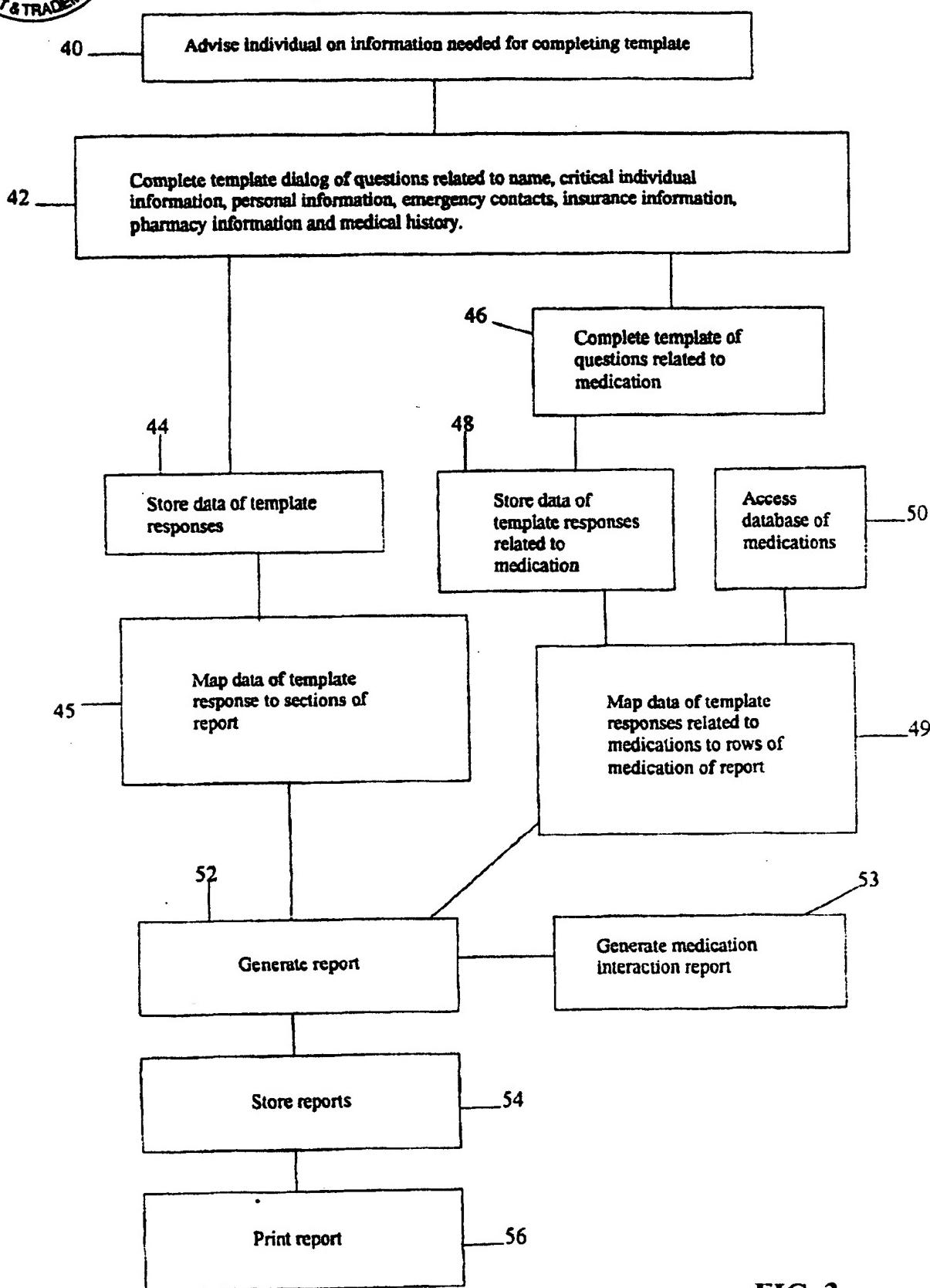


FIG. 3

The **Question & Answer Session I: (Preliminary Information)** begins with:

1. What is the name of the person for whom this LifeReport is being created?
2. The birth date?
3. The permanent address?
4. The phone number?
5. The fax number?
6. The E-Mail address?
7. Is there another residence? yes no
If yes, questions 3 thru 7 repeated until a no answer is given.
8. The Social Security #?
9. The Blood Type?
10. The Primary Insurance Carrier?

Name: _____ Identification #: _____

Group #: _____ Phone #: _____

11. The Secondary Insurance Carrier, if any?

Name: _____ Identification #: _____

Group #: _____ Phone #: _____

12. In Case of Emergency, who should be contacted? (please limit your choices to no more than six)

Fig. 4a

Cont. Fig. 4a

Phone: _____ Relation: _____ day ____ evening
 Phone: _____ Relation: _____ day ____ evening

13. Your Pharmacy?

Name: _____ Phone #: _____

14. Alternate Pharmacy?

Name: _____ Phone #: _____

15. The Physicians?

Name: _____ Type of Physician: _____

Address: _____

Phone #: _____ Fax #: _____

16. Is there another Physician? _____ yes _____ no

If yes, question 15 is repeated until a no answer is given.

17. Is there any Allergies?

Allergic to: _____

18. Is there another Allergy? _____ yes _____ no

If yes, question 17 is repeated until a no answer is given.

19. Is there any Medical Conditions?

Medical Condition: _____

Diagnosed by: _____ On: _____

20. Is there another Medical Condition? _____ yes _____ no

If yes, question 19 is repeated until a no answer is given.

21. Is there any Diseases?

Cont. Fig. 4a

Disease: _____

Diagnosed by: _____ On: _____

22. Is there another Disease? yes no

If yes, question 21 is repeated until a no answer is given.

23. Was there any Surgical Procedures?

Surgical Procedure: _____

Attending Physician: _____

Date of Surgery: _____

At What Hospital: _____

Outcome: _____

24. Is there another Surgical Procedure? yes no

If yes, question 23 is repeated until a no answer is given.

25. Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin
Dependency?

Please Describe: _____

26. Is there another Medical Alert? yes no

If yes, question 25 is repeated until a no answer is given.

The **Question & Answer Session I: (Preliminary Information)** is complete.



Fig. 4b

The Question & Answer Session II: (*Prescription Regimen*) begins.

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1. What is the prescription drug?

Name: _____

Dosage: _____

Prescribing

Physician: _____

Physician's Orders: _____

Date The Prescription was Filled: _____

2. Is there another Prescription Drug? _____ yes _____ no

If yes, question 1 is repeated until a no answer is given.

3. What is the non-prescription drug?

Name: _____

Dosage taken: _____

Recommended Dosage: _____

Physician's Orders: _____

4. Is there another Non-Prescription Drug? _____ yes _____ no

If yes, question 1 is repeated until a no answer is given.

5. What is the earliest time of the day a drug will be taken or given?

6. What is the latest time of the day a drug will be taken or given?

The Question & Answer Session II: (*Prescription Regimen*) is complete.

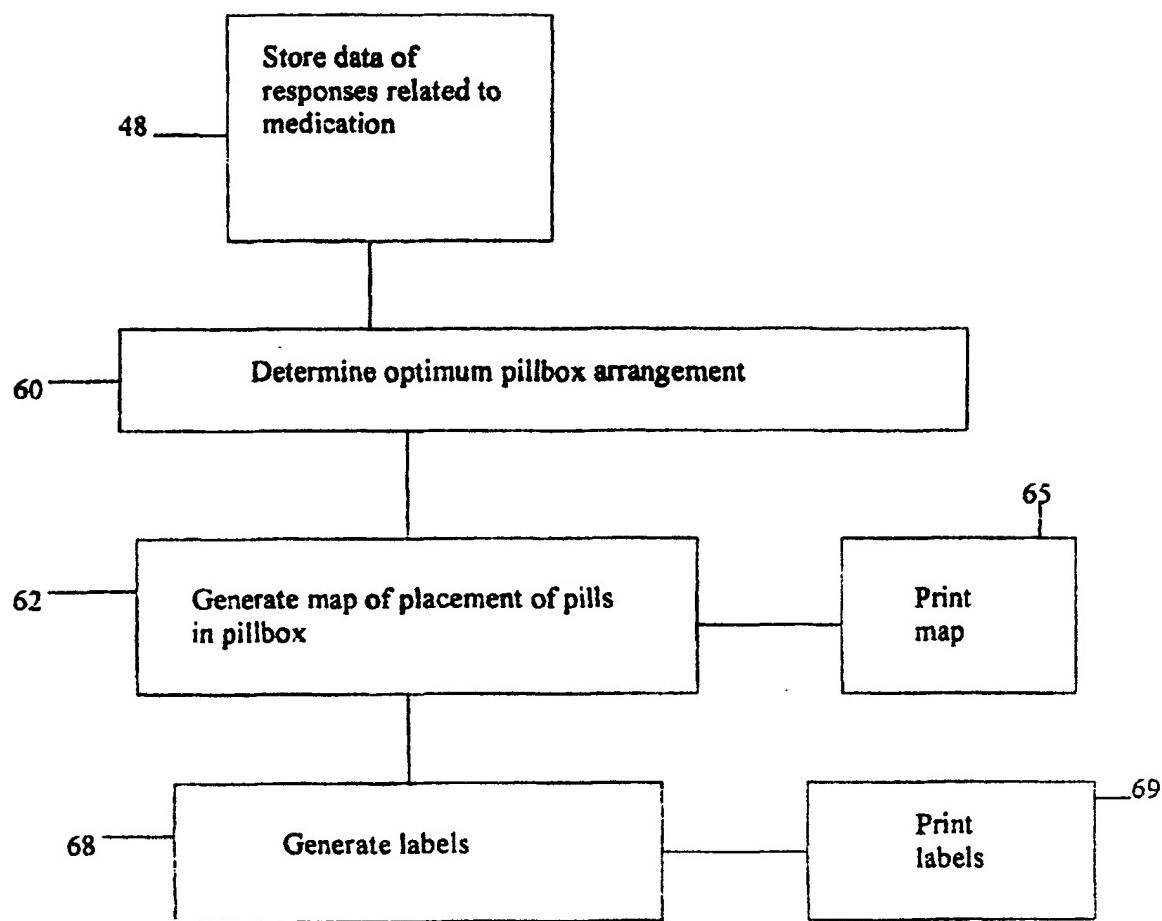


FIG. 5

John Smith

How To Arrange Your Pillbox Your PILL BOX MAP

SS#: 100-10-1000

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PATCH Transderm Nitro (0.2 mg/hr) *Take* *Midday*

Apply 9 AM — Remove 9 PM

66d

EVENING 8:00 p.m.

PEPCID 
LASIX  NSAIF only
with juice
 SINEMET  From 1/2 to 1
pill 10/6/98

CAPOTEN  empty
stomach
 COUMADIN 

AMANTADINE  1/2 pill on
12/16/98

MORNING Before Breakfast

PEPCID 
 CAPOTEN  empty
stomach
 SINEMET  From 1/2 to 1
pill 10/6/98

AMANTADINE  1/2 pill on
12/16/98

AFTERNOON 2:00 p.m.

CAPOTEN  empty
stomach
 SINEMET  From 1/2 to 1
pill 10/6/98

MORNING After Breakfast

BABY ASPIRIN 
 ABC Plus SENIOR VITAMIN  1/2 pill on
12/16/98

LANOXIN 

MAGOXIDE 

66b

66c

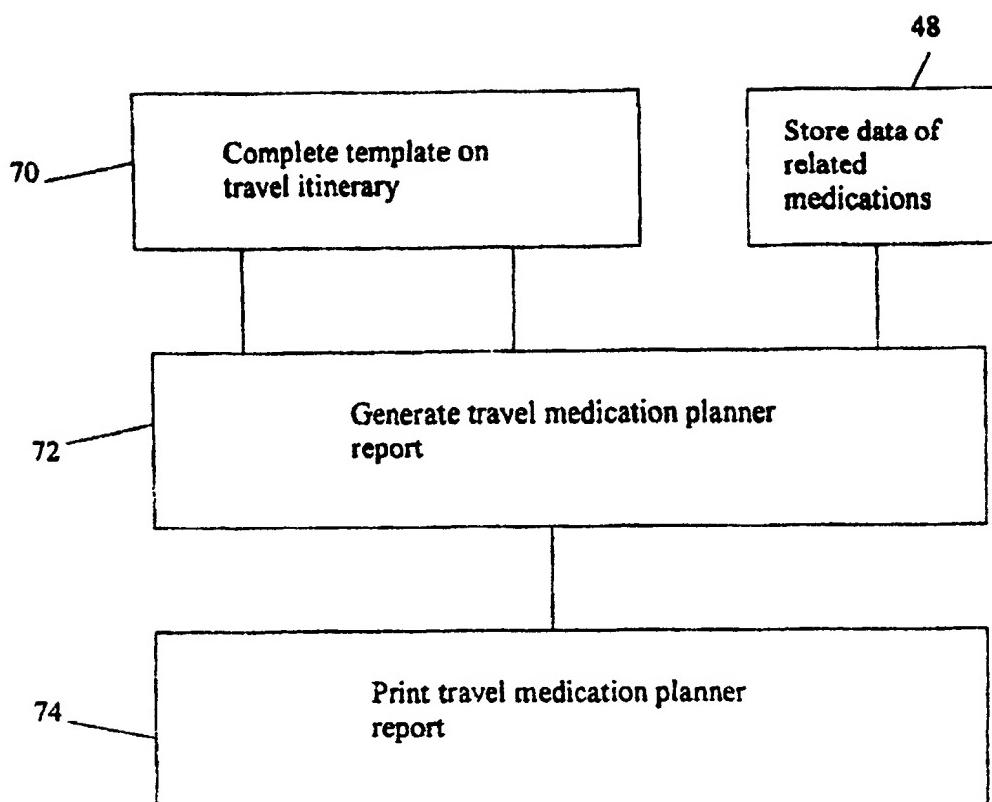


FIG. 7

